


PROPERTY & CASUALTY DIVISION CONSUMER COMPLAINT FORM

Important information about filing a complaint

In response to your request for our assistance, please complete this *Consumer Complaint Form* and return it to this office. The signed form authorizes the Bureau to investigate the matter on your behalf; and provides us the basic information we need to investigate your complaint.

PLEASE PROVIDE PHOTOCOPIES of any correspondence, insurance policies, or other documentation related to your insurance problem (property loss forms, vehicle appraisals, police reports, of all correspondence concerning your complaint and a copy of that portion of your policy relating to your concern, etc.).

Your complaint will be assigned to a Claims Examiner who will contact you by mail at the beginning of their investigation and will advise you of their conclusions once the investigation has been completed. ***This usually takes a minimum of thirty days.***

 Please note the Bureau does not have the authority to order the payment of monetary judgments, although in some instances we can order restitution for violations of the Insurance Code. There are some disputes that are more appropriately handled by the courts. However, we are often able to help and we will make every effort to see that the insurance companies are complying with Maine Insurance laws.

PLEASE PRINT, TYPE OR WRITE CLEARLY

(PLEASE CHECK ALL THAT APPLY)

☐ FIRE/HOMEOWNERS ☐ AUTO ☐ MOTORCYCLE ☐ COMMERCIAL PROPERTY ☐ COMMERCIAL AUTO ☐ BOAT

☐ SNOWMOBILE ☐ OTHER (PLEASE DESCRIBE) _____

CONSUMER NAME: (FIRST) (MIDDLE) (LAST) (TELEPHONE NUMBER: DAY AND EVENING)

CONSUMER MAILING ADDRESS: (STREET) (CITY) (STATE) (ZIP)

WHO IS COMPLAINT AGAINST? (NAME OF COMPANY, PRODUCER OR AGENCY)

| ADDRESS IF KNOWN (STREET) | (CITY) | (STATE) | (ZIP) |
|---------------------------|--------|---------|-------|
| | | | |

| (POLICY - CERTIFICATE OR ID NUMBER) | (CLAIM NUMBER) | (EFFECTIVE DATE OF COVERAGE) | (DATE OF LOSS) |
|-------------------------------------|----------------|------------------------------|----------------|
| | | | |

DETAILS OF COMPLAINT, PLEASE USE ADDITIONAL PAPER IF NECESSARY[illegible]

SIGNATURE

DATE

PLEASE MAIL YOUR COMPLETED CONSUMER COMPLAINT FORM TO

**Bureau of Insurance
Property & Casualty Division
34 State House Station
Augusta, ME 04333-0034**

Tel: (207) 624-8475
Toll Free: (800) 300-5000
Fax: (207) 624-8599

Web site: maineinsurancereg.org